

EXHIBIT D

**Le Bonheur “Operative Report,” pp. 4-5,
transcribed by two different employees at
two different times**



Methodist Hospital - Le Bonheur

50 North Dunlap
Memphis TN 38103

Patient Name: LOVELACE, BRETT S

Medical Record Number: 45854994

Financial Number: 68859557

Admit Date: 3/12/2012

Discharge Date:

Clinical Documents

DOCUMENT NAME:

Operative Report

SERVICE DATE/TIME:

3/12/2012 18:10 CDT

RESULT STATUS:

Transcribed

PERFORMED INFORMATION:

Underwood-Vescovo ,Lisa C as proxy for Clemons ,Mark P,
MD (3/12/2012 17:48 CDT)

SIGNED INFORMATION:

DATE OF SURGERY: 03/12/2012

PREOPERATIVE DIAGNOSIS

Tonsillar and adenoidal hypertrophy with upper airway obstruction.

POSTOPERATIVE DIAGNOSIS

Tonsillar and adenoidal hypertrophy with upper airway obstruction.

OPERATION

1. Tonsillectomy.
2. Adenoidectomy.

ATTENDING SURGEON

Dr. Mark Clemons.

ANESTHESIA

General with endotracheal (ET) tube.

ESTIMATED BLOOD LOSS

250 mL.

DESCRIPTION OF PROCEDURE

The patient was placed on the operating table in the supine position and anesthetized using general anesthesia. Endotracheal tube was placed. Sterile drapes were placed. A Crowe-Davis mouth gag was inserted into the patient's mouth and was suspended from the Mayo stand. Catheter placed through his nose and used to retract the soft palate.

The adenoid pad was visualized and found to be very large and obstructing the airway. Tonsils were very large as well. Using an adenoid curette, multiple passes were made removing a large amount of



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adenoid tissue. A saline-soaked sponge was placed in the nasopharynx. The right tonsil was grasped with straight Allis and retracted medially. A 12 blade was used to incise the mucosa. Hurd dissector and Fischer knife were used to dissect the tonsil free and amputate the base with snare.

A saline-soaked sponge was placed in the fossa. This was removed and adequate hemostasis achieved using suction cautery. Sponges were placed in the fossa. The left tonsil was removed in a similar manner; however, this was removed in several pieces. Adequate hemostasis achieved using 3-0 plain interrupted suture in the inferior mid fossa as well as suction cautery.

The nasopharyngeal packs were removed. The nasopharynx was examined. A significant amount of adenoid tissue was still remaining in the posterior choanal region and area proximal to the nose. Using adenoid curettes and suction cautery, the tissue was removed opening up the posterior choanae. A saline-soaked sponge was placed back in the fossa. Marcaine 0.25% with epinephrine 1:200,000 was injected in both tonsillar fossae. A total 6 mL was used.

A catheter was run down the patient's mouth into his stomach removing stomach fluid. The nasopharyngeal pack was removed. Adequate hemostasis was achieved using a small amount of additional suction cautery. All instruments were removed. The patient was awakened from anesthesia, extubated, and taken to recovery. He tolerated the procedure itself without problems.

Clemons, Mark P, MD

D: 03/12/12 17:48 T: 03/15/12 09:46 (LCU)
